

In the Claims

Please cancel claims 1-16.

The Examiner is urged to call the undersigned at the number show below if, in the Examiner's opinion, further aid is needed in the prosecution of this application.

Any fees required for entering this amendment should be charged to our deposit account, Number 09-0456.

Respectfully submitted,

A handwritten signature in black ink, reading "Robert A. Walsh". The signature is fluid and cursive, with the first name "Robert" and last name "Walsh" clearly legible.

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